



KENTUCKY REPORTABLE DISEASES AND CONDITIONS

Cabinet for Health Services Department for Public Health

902 KAR 2:020 requires health professionals to **report** the following diseases **to the local health department** serving the jurisdiction in which the patient resides or to the Department for Public Health.

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| <p><input type="checkbox"/> AIDS**</p> <p>▼ Animal bites</p> <p>① Animal conditions known to be communicable to man</p> <p>☠ Anthrax</p> <p>Asbestosis</p> <p>☠ Botulism, including infant</p> <p>☠ Brucellosis</p> <p>☠ Campylobacteriosis</p> <p><input type="checkbox"/> Chancroid</p> <p><input type="checkbox"/> <i>Chlamydia trachomatis</i></p> <p>☠ Cholera</p> <p>Coal workers' pneumoconiosis</p> <p>☠ Cryptosporidiosis</p> <p>☠ Diphtheria</p> <p>☠ <i>E. coli</i>, O157:H7</p> <p>☠ <i>E. coli</i>, shiga toxin positive</p> <p><input type="checkbox"/> Ehrlichiosis</p> <p>☠ Encephalitis, California group</p> <p>☠ Encephalitis, Eastern Equine</p> <p>☠ Encephalitis, St. Louis</p> <p>☠ Encephalitis, Venezuelan Equine</p> <p>☠ Encephalitis, Western Equine</p> <p>☠ Encephalitis, West Nile</p> <p>① Foodborne outbreak/intoxication</p> <p><input type="checkbox"/> Gonorrhea</p> <p><input type="checkbox"/> Granuloma inguinale</p> <p>☠ <i>Haemophilus influenzae</i> invasive disease</p> | <p>☠ Hansen's Disease</p> <p>☠ Hantavirus infection</p> <p>☠ Hepatitis A</p> <p>① Hepatitis B, acute</p> <p>① Hepatitis B, Perinatal</p> <p><input type="checkbox"/> Hepatitis C, acute</p> <p><input type="checkbox"/> Histoplasmosis</p> <p><input type="checkbox"/> HIV infection**</p> <p>Influenza virus isolates</p> <p>☠ ILI's in long term care facilities</p> <p><input type="checkbox"/> Lead poisoning</p> <p><input type="checkbox"/> Legionellosis</p> <p>☠ Listeriosis</p> <p><input type="checkbox"/> Lyme Disease</p> <p><input type="checkbox"/> Lymphogranuloma venereum</p> <p><input type="checkbox"/> Malaria</p> <p>☠ Measles</p> <p>☠ Meningococcal infection</p> <p>① Mumps</p> <p>☠ Mycotoxins-T2</p> <p>☠ Pertussis</p> <p>☠ Plague</p> <p>☠ Poliomyelitis</p> <p>☠ Psittacosis</p> <p>☠ Q fever</p> <p>☠ Rabies, animal</p> <p>☠ Rabies, human</p> <p><input type="checkbox"/> Rabies post-exposure prophylaxis</p> | <p>☠ Ricin poisoning</p> <p><input type="checkbox"/> Rocky Mountain spotted fever</p> <p>☠ Rubella</p> <p>☠ Rubella syndrome, congenital</p> <p>☠ Salmonellosis</p> <p>☠ Shigellosis</p> <p>Silicosis</p> <p>☠ Smallpox</p> <p>☠ Staphylococcal enterotoxin B</p> <p>① Streptococcal disease, invasive Group A</p> <p><input type="checkbox"/> <i>Streptococcus pneumoniae</i>, drug-resistant invasive disease</p> <p>☠ Syphilis, primary, secondary early latent or congenital</p> <p><input type="checkbox"/> Syphilis, other than primary secondary, early latent or congenital</p> <p>☠ Tetanus</p> <p>① Toxic shock syndrome</p> <p><input type="checkbox"/> Toxoplasmosis</p> <p>① Tuberculosis</p> <p>☠ Tularemia</p> <p>☠ Typhoid fever</p> <p>☠ <i>Vibrio parahaemolyticus</i></p> <p>☠ <i>Vibrio vulnificus</i></p> <p>☠ Viral hemorrhagic fevers</p> <p>① Waterborne outbreaks</p> <p>☠ Yellow fever</p> |
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☠ POSSIBLE INDICATOR OF BIOTERRORISM—REPORT IMMEDIATELY

- ☠ **REPORTING REQUIRED WITHIN 24 HOURS-** by telephone or FAX, followed by written report.
- ① **REPORTING REQUIRED WITHIN 1 BUSINESS DAY-** by telephone or FAX, followed by written report.
- ☐ **REPORTING REQUIRED WITHIN 5 BUSINESS DAYS**
- ▼ **Report animal bites within 12 hours to the local health department** in accordance with KRS 258.065.

REPORT IMMEDIATELY by TELEPHONE to the Local Health Department or the KDPH:

- Unexpected pattern of cases, suspected cases or deaths which may indicate a newly recognized infectious agent
- An outbreak, epidemic, related public health hazard or act of bioterrorism, such as SMALLPOX

Kentucky Department for Public Health in Frankfort
Telephone 502-564-3418 or 1-888-9REPORT (973-7678)
FAX 502-696-3803

Fax report form (Epid 200) to above fax number or mail to Division of Epidemiology and Health Planning, 275 East Main St. Mailstop HS1E-C, Frankfort, KY 40621-0001

To report HIV/AIDS or obtain report forms in Louisville area – (Bullitt, Henry, Jefferson, Oldham, Shelby, Spencer, Trimble counties) call the HIV/AIDS Louisville Jefferson County Surveillance Program at 502-574-6574. In all other Kentucky counties contact the HIV/AIDS Branch at 502-564-6539. **NEVER REPORT AN HIV/AIDS CASE BY FAX MACHINE OR ANSWERING MACHINE

